

113TH CONGRESS
1ST SESSION

S. 1152

To amend the Public Health Service Act to help build a stronger health care workforce.

IN THE SENATE OF THE UNITED STATES

JUNE 12, 2013

Mr. REED (for himself and Mr. BLUNT) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to help build a stronger health care workforce.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Building a Health Care
5 Workforce for the Future Act”.

6 **SEC. 2. GRANTS TO STATES FOR SCHOLARSHIP PROGRAMS.**

7 Subpart III of part D of title III of the Public Health
8 Service Act (42 U.S.C. 254l et seq.) is amended by adding
9 at the end the following:

1 **“SEC. 338N. GRANTS TO STATES FOR SCHOLARSHIP PRO-**
 2 **GRAMS.**

3 “(a) IN GENERAL.—The Secretary shall award
 4 grants to eligible States to enable such States to imple-
 5 ment scholarship programs to ensure, with respect to the
 6 provision of health services, an adequate supply of physi-
 7 cians, dentists, behavioral and mental health professionals,
 8 certified nurse midwives, certified nurse practitioners,
 9 physician assistants, and pharmacists or other health pro-
 10 fession as determined by the Secretary.

11 “(b) ELIGIBLE STATES.—To be eligible to receive a
 12 grant under this section, a State shall submit to the Sec-
 13 retary an application containing such information as the
 14 Secretary determines necessary to carry out this section.

15 “(c) ELIGIBLE PARTICIPANTS.—To be eligible to par-
 16 ticipate in a scholarship program carried out with a grant
 17 received under this section, an individual shall—

18 “(1) be accepted for enrollment, or be enrolled,
 19 as a full-time student—

20 “(A) in an accredited (as determined by
 21 the Secretary) educational institution in a
 22 State; and

23 “(B) in a course of study or program, of-
 24 fered by such institution and approved by the
 25 Secretary, leading to a degree in medicine, den-
 26 tistry, school of pharmacy, other health profes-

1 sion designated by the Secretary, nursing col-
 2 lege, or an appropriate degree from a graduate
 3 program of behavioral and mental health;

4 “(2) submit to the State, an application to par-
 5 ticipate in the program; and

6 “(3) sign and submit to the State, at the time
 7 of the submission of the application under paragraph
 8 (2), a written contract that requires the individual
 9 to—

10 “(A) accept payments under the scholar-
 11 ship;

12 “(B) maintain a minimum level of aca-
 13 demic standing during the period of the schol-
 14 arship, as determined by the Secretary;

15 “(C) if applicable, complete an accredited
 16 residency training program;

17 “(D) become licensed in the applicant’s
 18 State of residence; and

19 “(E) serve as a provider for 1 year in—

20 “(i) a health professional shortage
 21 area (as defined by the National Health
 22 Service Corps under section 332);

23 “(ii) a medically underserved area (as
 24 defined for purposes of section 330); or

1 “(iii) any other shortage area defined
2 by the State and approved by the Sec-
3 retary;
4 in the applicant’s State of residence for every
5 year in which the applicant received a scholar-
6 ship.

7 “(d) DESIGNATION OF AREAS.—To be eligible to re-
8 ceive a grant under this section, a State shall adequately
9 demonstrate to the Secretary that the State has des-
10 ignated appropriate health professions or specialty short-
11 age areas.

12 “(e) REQUIRED DISCLOSURES.—In disseminating
13 application and contract forms to individuals desiring to
14 participate in a scholarship program funded under this
15 section, the State shall include with such forms a sum-
16 mary of the rights and liabilities of an individual whose
17 application is approved (and whose contract is accepted),
18 including a clear explanation of the damages to which the
19 State is entitled in the case of the individual’s breach of
20 the contract.

21 “(f) AWARDING OF CONTRACTS.—

22 “(1) IN GENERAL.—A State that enters into a
23 contract with an individual under subsection (c)(3)
24 shall, with respect to the program in which the indi-
25 vidual is enrolled, agree to pay—

1 “(A) all tuition and costs associated with
2 the program;

3 “(B) any other reasonable educational ex-
4 penses, including fees, books, and laboratory ex-
5 penses, related to the program; and

6 “(C) a cost-of-living stipend in an amount
7 to be determined the Secretary.

8 “(2) CONSIDERATION BY STATE.—In entering
9 into contracts with individuals that meet the require-
10 ments of subsection (c), the State shall consider the
11 extent of the applicant’s demonstrated interest in
12 the provision of care services in a particular provider
13 shortage area.

14 “(g) MATCHING FUNDS.—A State receiving a grant
15 under this section shall, with respect to the costs of mak-
16 ing payments on behalf of individuals under the scholar-
17 ship program implemented by the State under the grant,
18 make available (directly or through donations from public
19 or private entities) non-Federal contributions in cash to-
20 ward such costs in an amount equal to not less than \$1
21 for each \$1 of Federal funds provided under the grant.

22 “(h) DIRECT ADMINISTRATION BY STATE AGENCY.—
23 The scholarship program of any State receiving a grant
24 under this section shall be administered directly by a State
25 agency.

1 “(i) REPORT BY SECRETARY.—Not later than 4 years
2 after the date of enactment of this section, and every 5
3 years thereafter, the Secretary shall submit to Congress
4 a report concerning—

5 “(1) the number of scholarships awarded under
6 the State scholarship program;

7 “(2) the number of scholarship recipients, bro-
8 ken down by practice area, serving in the profession
9 originally awarded a scholarship for 1 year after the
10 completion of the service period required under sub-
11 section (c)(3)(E);

12 “(3) the number of scholarship recipients, bro-
13 ken down by provider type, practicing in an under-
14 served area 1 year after the completion of the serv-
15 ice period required under subsection (c)(3)(E);

16 “(4) data on any changes in health professional
17 shortage areas or medically underserved areas within
18 the State;

19 “(5) remaining gaps in such health professional
20 shortage areas or medically underserved areas;

21 “(6) the number of additional full-time physi-
22 cians that would be required to eliminate such
23 health professional shortage areas or medically un-
24 derserved areas in the State;

1 “(7) the number of individuals who received a
 2 scholarship but failed to comply with its require-
 3 ments;

4 “(8) the action taken by the State to recoup
 5 scholarship funds in the case of any non-compliance;
 6 and

7 “(9) recommendations to improve the program
 8 under this section.

9 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
 10 are authorized to be appropriated to carry out this section,
 11 \$20,000,000 for each of fiscal years 2014 through 2018.
 12 Not less than 50 percent of the amount appropriated for
 13 a fiscal year under this subsection shall be used to provide
 14 scholarships to providers who intend on pursuing careers
 15 in primary care.”.

16 **SEC. 3. INCREASING MENTORING AND TRANSFORMING**
 17 **COMPETENCIES IN PRIMARY CARE.**

18 Title VII of the Public Health Service Act is amended
 19 by inserting after section 747A (42 U.S.C. 293k–1), the
 20 following:

21 **“SEC. 747B. DEVELOPING EFFECTIVE PRIMARY CARE MEN-**
 22 **TORS AND IMPROVING MENTORSHIP OPPOR-**
 23 **TUNITIES FOR MEDICAL STUDENTS.**

24 “(a) GRANTS TO CULTIVATE PRIMARY CARE MEN-
 25 TORS AND IMPROVE PRIMARY CARE MENTORSHIP OPPOR-

1 TUNITIES FOR MEDICAL STUDENTS.—The Secretary may
 2 award grants to eligible medical schools to assist such
 3 schools in developing and strengthening primary care
 4 mentorship programs and cultivating leaders in primary
 5 care among students.

6 “(b) ELIGIBILITY.—To be eligible to receive a grant
 7 under this section, an entity shall—

8 “(1) be an accredited medical school or college
 9 of osteopathic medicine; and

10 “(2) submit to the Secretary an application at
 11 such time, in such manner, and containing such in-
 12 formation as the Secretary may require, including an
 13 assurance that the applicant will use amounts re-
 14 ceived under the grant to—

15 “(A) establish or enhance existing
 16 mentorship programs, including—

17 “(i) incentivizing medical school fac-
 18 ulty (through financial or other reward
 19 systems) to participate as a mentor of
 20 other primary care physician faculty mem-
 21 bers and students;

22 “(ii) providing resources for aspiring
 23 mentors to participate in workshops or
 24 other learning experiences in which pri-

1 mary care physicians can learn about effective
2 strategies in primary care mentoring;

3 “(iii) enabling successful primary care
4 mentors on medical school faculty to spend
5 time at another institution where they can
6 promote best practices in mentoring primary
7 care leaders and students; and

8 “(iv) developing web-based resources
9 for mentors to interact regularly and share
10 successful strategies; or

11 “(B) cultivate interest and leaders in primary
12 care among students, including—

13 “(i) offering students that identify interest
14 in primary care upon matriculation,
15 longitudinal experiences in primary care to
16 care for and track the health and wellness
17 of patients throughout medical school;

18 “(ii) arranging partnerships with private
19 practices, insurers, schools of public
20 health, public health departments, and
21 community-based service projects with the
22 goal of providing students with the opportunity
23 to interact with primary care mentors
24 from a variety of health care settings;

1 “(iii) providing stipends or other
 2 forms of financial resources to students
 3 who work with designated mentors in the
 4 field of primary care in underserved urban
 5 and rural communities; and

6 “(iv) supporting opportunities for stu-
 7 dents to engage in practice redesign or
 8 other efforts in which primary care physi-
 9 cians are taking a leadership role in deliv-
 10 ery system reform.

11 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
 12 are authorized to be appropriated to carry out this section,
 13 \$20,000,000 for each of fiscal years 2014 through 2020.

14 **“SEC. 747C. DEVELOPING AND PROMOTING NEW COM-**
 15 **PETENCIES.**

16 “(a) GRANTS TO DEVELOP AND PROMOTE NEW
 17 COMPETENCIES.—In order to foster curricular innova-
 18 tions to improve the education and training of health care
 19 providers, the Secretary shall award grants to medical and
 20 other health professions schools to promote priority com-
 21 petencies (as described in subsection (b)).

22 “(b) PRIORITY COMPETENCIES.—In awarding grants
 23 under subsection (a), the Secretary, acting through the
 24 Advisory Committee on Training in Primary Care and
 25 Dentistry, shall select an annual competency to direct the

1 awarding of such grants. Such annual competencies may
2 include—

3 “(1) patient-centered medical homes;

4 “(2) chronic disease management;

5 “(3) integration of primary care and mental
6 health care;

7 “(4) integration of primary care, public and
8 population health, and health promotion;

9 “(5) cultural competency;

10 “(6) domestic violence;

11 “(7) improving care in medically underserved
12 areas; and

13 “(8) team-based care.

14 “(c) GRANT RECIPIENTS.—The Secretary may award
15 grants under subsection (a) to programs that provide edu-
16 cation or training for—

17 “(1) physicians;

18 “(2) dentists and dental hygienists;

19 “(3) physician assistants;

20 “(4) mental and behavioral health providers;

21 “(5) public and populations health profes-
22 sionals; or

23 “(6) pharmacists.

24 “(d) CONSIDERATION IN EVALUATING GRANT APPLI-
25 CATIONS.—The Secretary shall give consideration to appli-

1 cants that are proposing to partner with other medical
2 programs, health professions programs, or nursing pro-
3 grams.

4 “(e) GRANTEE REPORTS.—The recipient of a grant
5 under this section shall, not later than 180 days after the
6 end of the grant period involved, submit to the Advisory
7 Committee, a report on the following (where appropriate):

8 “(1) A description of how the funding under
9 the grant was used by the grantee.

10 “(2) A description of the intended goal of such
11 funding.

12 “(3) A description of the challenges faced by
13 the grantee in reaching the goal described in para-
14 graph (2).

15 “(4) A description of the lessons learned by the
16 grantee related to the grant activities.

17 “(f) RECOMMENDATIONS OF THE ADVISORY COM-
18 MITTEE.—The Advisory Committee, based on the informa-
19 tion submitted under subsection (d), shall annually report
20 to the Secretary on outcomes of the activities carried out
21 under grants under this section, including specific rec-
22 ommendations for scaling up innovations to promote edu-
23 cation and training of health care providers in the priority
24 competencies described in subsection (b).

1 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
 2 are authorized to be appropriated, \$10,000,000 for each
 3 of fiscal years 2014 through 2018 to carry out this sec-
 4 tion.”.

5 **SEC. 4. STUDY ON DOCUMENTATION REQUIREMENTS FOR**
 6 **COGNITIVE SERVICE.**

7 Not later than 3 years after the date of enactment
 8 of this Act, the Institute of Medicine shall conduct a study,
 9 and submit a report to Congress, concerning the docu-
 10 mentation requirements for cognitive services (evaluation
 11 and management services) required under the Medicare
 12 and Medicaid programs under titles XVIII and XIX of
 13 the Social Security Act, and through private health insur-
 14 ers. Such study shall include an evaluation of—

15 (1) how documentation requirements designed
 16 for paper-based records should be modified for elec-
 17 tronic records;

18 (2) whether or not the documentation require-
 19 ments are overly burdensome on physicians and de-
 20 tract from patient care;

21 (3) the administrative costs to physician prac-
 22 tices of the current documentation requirements;

23 (4) the average amount of time required by
 24 physicians to document cognitive services;

1 (5) options to more appropriately compensate
2 physicians for evaluation and management of patient
3 care without requiring excessive documentation of
4 cognitive services; and

5 (6) recommendations for less burdensome alter-
6 natives or changes to existing documentation re-
7 quirements of cognitive services.

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